| DECLA                                                                                                                                                          | RATION FOR PA                                                                                                                            | TENT APPLICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TION                                                                       |                                                                                  |                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------|--|
| is a below-named inventor,                                                                                                                                     | I hereby declare that:                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <u></u>                                                                          |                                                                        |  |
| My residence, post office<br>{ believe { am the origina<br>elow} of the subject matter                                                                         | address and citizenship are<br>I, first and sole inventor (if i<br>which is claimed and for w                                            | SAIV ARE RIME IS HELED REH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COVICE AN OLIVINAL AUX                                                     | st and joint inventor (if pl<br>t: Rehabilitation<br>supply pipe                 | or water                                                               |  |
| he specification of which: (9                                                                                                                                  | check one)                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                  |                                                                        |  |
| XXI is attached hereto.                                                                                                                                        | (X) was filed on April 14, 2001 or PCT International Application Number PCT/EP00/04174 and was amended on June 18, 2001 (if applicable). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                  |                                                                        |  |
| mendment referred to above                                                                                                                                     |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                  |                                                                        |  |
| I acknowledge the duty to<br>Prior Foreign Application<br>atent or inventor's certificat<br>Inited States of America, lis<br>efore that of the application     | ited below and have also id                                                                                                              | n priority benefits didently of any PCT international entified below any foreign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Landiction which de                                                        | signated at least one co                                                         | intry other than the                                                   |  |
| 9908602.7                                                                                                                                                      |                                                                                                                                          | GREAT-BRITAIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _ :_1                                                                      | 5 April 1999                                                                     | (X) (                                                                  |  |
| (Application No.)                                                                                                                                              | <del></del>                                                                                                                              | (Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Day                                                                       | y/Month/Year Filed)                                                              | Yes No                                                                 |  |
| (Application No.)                                                                                                                                              |                                                                                                                                          | (Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Day                                                                       | y/MonthyYear Filed)                                                              | Yes No                                                                 |  |
| (Application No.)                                                                                                                                              |                                                                                                                                          | (Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Day                                                                       | /Month/Year Filed)                                                               | Yes. No                                                                |  |
| • • • •                                                                                                                                                        | t under Title 35, United St                                                                                                              | ares Code § 119(e), of any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -United States provis                                                      | ional application(s) listed                                                      | below:                                                                 |  |
| I hereby claim the beneti                                                                                                                                      |                                                                                                                                          | area code 3 tro(chier ari)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                          | Filing Date                                                                      |                                                                        |  |
|                                                                                                                                                                | Application No.                                                                                                                          | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                  |                                                                        |  |
|                                                                                                                                                                |                                                                                                                                          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | •                                                                                |                                                                        |  |
| I hereby claim the benefit laims of this application is cknowledge the duty to discluding the national or PCT inte                                             | ose material information as                                                                                                              | onited States applications of the states applications of the states application of the states ap | 6(a) which occurred b                                                      | erween the filing date of                                                        | the prior application                                                  |  |
| (U.S. Applicatio                                                                                                                                               | n Serial No.)                                                                                                                            | (U.S. Filing Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | Status-patented, pending                                                         |                                                                        |  |
| (U.S. Applicatio                                                                                                                                               | n Serial No.)                                                                                                                            | (U.S. Filing Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | - (5                                                                       | Status-patented, pending                                                         | , abandoned)                                                           |  |
| hereby appoint Elliott I. Po<br>4,852; Stanley B. Green, Reg<br>iss, Registration No. 24,510;<br>Io. 32,767; Erie J. Franklin,<br>evocation, to prosecute this | ollock, Registration No. 16, gistration No. 24,351; Richa Martin Abramson, Registr                                                       | ation No. 25,787; George                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | R. Pettit, Registration                                                    | No. 27,369; Elzbieta Chi                                                         | opecka, Registration                                                   |  |
| Send Co                                                                                                                                                        | rrespondence and Direct T                                                                                                                | elephone Calls to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Deltask Vande                                                              | Morris Liss<br>Sande & Amernick, R.L                                             | .(_P.                                                                  |  |
|                                                                                                                                                                | Morris Liss<br>(202) 331-7111                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | F                                                                          | P.O. Box 19088                                                                   |                                                                        |  |
|                                                                                                                                                                | ,                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | D.C. 20036-3425 U.S                                                              |                                                                        |  |
| I hereby declare that all stop be true; and further that to imprisonment, or both, unusued thereon.                                                            | tatements made herein of m<br>hese statements are made of<br>der 18 U.S.C. § 1001 and to                                                 | y own knowledge are true<br>with the knowledge that w<br>hat such willful false state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and that all statement<br>fillful false statements<br>ments may jeopardize | s made on information ar<br>and the like so made ar<br>the validity of the appli | id belief are believed<br>e punishable by fine<br>cation or any patent |  |
| 'ull name of sole or first in                                                                                                                                  | Raymond 201                                                                                                                              | NNOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | <u> </u>                                                                         |                                                                        |  |
| aventor's Signature                                                                                                                                            | lylin                                                                                                                                    | ~~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | Date Decem                                                                       | ser 14,200                                                             |  |
| Lesidence Address UNIT                                                                                                                                         | TED KINGDOM                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                  |                                                                        |  |
| Muzenshio British                                                                                                                                              | citizen                                                                                                                                  | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                  |                                                                        |  |
| ost Office Address 12                                                                                                                                          | Heath Grove, Bux                                                                                                                         | ton, Derbyshire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SK17 9EH -                                                                 | UNITED KINGDOM                                                                   |                                                                        |  |

f See nest page for additional inventors ==

## DECLARATION FOR PATENT APPLICATION

## Page Two

| Fuil name of second joint inventor (if any) Simon DANIELS             |                        |
|-----------------------------------------------------------------------|------------------------|
| Inventor's Signature Commun.                                          | Date December 14, 2001 |
| Residence Address UNITED KINGDOM                                      |                        |
| Citizenship British citizen                                           |                        |
| Post Office Address 8, Westmorland Gardens, Low Fell, Gateshead, Tyne | & Wear NE9 6HP, U.K.   |
| Post Office Address                                                   |                        |
| Full name of third joint inventor (if any):                           |                        |
| Inventor's Signature                                                  | Date                   |
| Residence Address                                                     |                        |
| Citizenship                                                           |                        |
| Post Office Address                                                   |                        |
|                                                                       | •                      |
| Full name of fourth joint inventor (if any):                          | Date                   |
| Inventor's Signature                                                  | Date                   |
| Residence Address                                                     |                        |
| Citizenship                                                           |                        |
| Post Office Address                                                   |                        |
| Full name of fifth joint inventor (if any):                           |                        |
| Inventor's Signature                                                  | Date                   |
| Residence Address                                                     |                        |
| Citizenship                                                           |                        |
| Post Office Address                                                   |                        |
| Full name of sixth joint inventor (if any):                           |                        |
| Inventor's Signature                                                  | Date                   |
| Residence Address                                                     |                        |
| Citizenship                                                           |                        |
| Post Office Address                                                   |                        |
|                                                                       | ·                      |
| Full name of seventh joint inventor (if any):                         |                        |
|                                                                       |                        |
| Residence Address                                                     |                        |
|                                                                       | ·                      |
| Post Office Address                                                   | -                      |
| Full name of eighth joint inventor (if any):                          | Date                   |
| Inventor's Signature                                                  | <del></del>            |
| Residence Address                                                     |                        |
| Citizenship                                                           |                        |
| Post Office Address                                                   |                        |
|                                                                       |                        |